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Bib Data Sheet

CONFIRMATION NO. 5636

SERIAL NUMBER 10/813,419	FILING OR 371(c) DATE 03/30/2004 RULE	CLASS 365	GROUP ART UNIT 2824	ATTORNEY DOCKET NO. 1263-0025US
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APPLICANTS

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** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 06/14/2004

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY INDIA	SHEETS DRAWING 6	TOTAL CLAIMS 36	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

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TITLE

WORDLINE-BASED SOURCE-BIASING SCHEME FOR REDUCING MEMORY CELL LEAKAGE

FILING FEE RECEIVED 572	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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